

IDENTIFICATION OF THE SOCIAL WORK NEEDS OF PATIENTS ON TUBERCULOSIS WARDS

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TUBERCULOSIS requires of the patient adjustments that are difficult to make without outside help. The patient often finds it hard to face the diagnosis, let alone the prospect of limited activities and a change in vocation, particularly if he has only one trade.

A social evaluation based on information obtained from the patient on admission to an institution is the ideal. An early meeting between social worker and patient serves to ease the patient's mind about his present and future problems and provides the physician with pertinent information for early vocational rehabilitation referrals. Early social service work can also alert the physician to the patient's need for more thorough explanations about his medical status and what he can expect throughout the hospital term and thereafter.

The Veterans Administration Hospital in Long Beach, Calif., has a comprehensive rehabilitation program designed to help patients to help themselves attain medically feasible goals. To accomplish this, a social evaluation on admission is considered necessary. Whether or not the patient has been seen before hospitalization, the social worker is expected to help the patient and his family adjust to the illness. Frequently, even when the patient has been adequately prepared, the hospital social worker sees a crystallization of the patient's feelings concerning his disease and hospitalization because these have become a reality and defensive props are no longer consciously available. In some instances, patients have gained erroneous impressions that need to be corrected.

Excellent results from chemotherapy have accelerated the turnover of patients on the tuberculosis service, making an individual interview with each patient impossible with present staff. Yet social service coverage on the two tuberculosis wards is an accepted procedure, and every member of the hospital team expects the social worker to see every patient routinely. Unless there is an acute problem, no referral is made. With the responsibility for two admission wards of 49 beds each, the social worker found it impossible to interview each patient immediately after admission. Also, despite the many patients referred to the social work service from a wide variety of sources in and out of the hospital, patients with concrete problems were not being reached early enough to prevent trauma.

There was a need for some type of screening of all patients admitted which would not necessarily require an individual interview beyond the introduction of the social worker and would reduce to a minimum time spent on patients without urgent problems. The solution was a questionnaire devised to identify patients needing immediate help and to obtain pertinent information for use by the physician and other staff.

The questionnaire (p. 511) was distributed to all newly admitted patients at the end of each week. They were instructed to complete and return it to the office of the social worker as soon as possible before the end of the next day. Response to the questionnaire was good. If a patient was unable to understand the questions or said he could not read or write well enough to complete the form, he was advised to bring it to the social worker at a later hour for help.

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CHECKLIST FOR TUBERCULOSIS PATIENTS

Name: _____ Address: _____ Phone: _____

1. Is this your first admission to this or any other tuberculosis hospital? If previously hospitalized, at what hospital and when?
2. Who recommended hospitalization this time and why?
3. Name of children and other dependents:
Names: _____ Ages: _____ Address: _____ Relationship: _____

4. (Answer if you think you need assistance)
 - a. What is your family income? _____ Source of income? _____
 - b. Are you the only person in the family who works? _____ If not, who works? _____
 - c. Does anyone help you pay expenses at home? If so, who? _____
 - d. How will the family be supported during your illness? _____
 - e. Do you have outstanding bills or debts to pay during your illness? If so, to whom and how much? _____
5. Have you applied for disability insurance benefits? _____
(give date)
6. When, where and for whom were you last employed? _____
7. What date did you stop work? _____
8. Do you plan to return to your same job? _____
9. Will you need help with finding employment after discharge? _____
10. Do you believe you have tuberculosis? _____
11. Has your physician indicated how long you will remain here for treatment? _____
If so, how many months? _____
12. Will your family be able to come to visit you regularly? _____
13. Will you have to make new living arrangements after discharge? _____
14. Do you have any problems that you would like to discuss with the social worker? _____

NOTE TO THE PATIENT: This checklist is designed to help us to know how we can be of help to you and your family during your illness. The answers you give here will be kept strictly confidential; that is, they will be discussed only with those people who can be of some assistance to you. If there is not enough space on the sheet for your answer, use the back of the page or see your social worker for further discussion.

Study of Questionnaire

After a trial of the questionnaire for several months, a study was undertaken to determine its value. The study was based on the social work service records of 189 patients admitted to the tuberculosis service between June 1 and December 31, 1960. Examination of the records continued through December 1961.

Of the 189 patients admitted, the 77 who completed the questionnaire and the 50 whose questionnaires were completed by the social worker were included in the study. Not included were 45 patients who came to the worker before distribution of the questionnaire, 6 re-

ferred from other sources, and 11 who were transferred to other wards or died before the questionnaire could be distributed.

Some of the patients brought the questionnaire back to the worker to explain an answer to one of the questions. It was later found that it was not the mechanics of the questionnaire that brought them, but the need for help with varied situational problems. One patient seeking help was blind, and two were illiterate.

Of the 77 patients who completed the questionnaire, 20 answered "yes" to question 14: Do you have any problems that you would like to discuss with the social worker? They were

interviewed immediately. For 25 patients, the social worker identified immediate and potential problems. Fifteen of these patients needed help immediately or later during hospitalization. Anticipated problems did not develop for the remaining 10 patients.

Twelve patients who indicated on the questionnaire that they did not need assistance from the social work service needed help subsequently with difficulties that could not have been predicted from the answers given on the questionnaire. Seven of these patients came directly to the ward social worker for this assistance.

As had been predicted by the questionnaire, 20 patients required no help from the social work service.

Discussion

The questionnaire distributed to each patient served to identify the social worker as available for help with certain types of difficulties. Almost half of the patients who had such problems either came to the social worker under guise of requesting help with the mechanics of completing the questionnaire or indicated on the form that they wished to see the social

worker. Apparently the favorable impression made by the worker and the questionnaire encouraged many patients to seek advice later during hospitalization. Also, when interviews were warranted, they could be focused.

The questionnaire proved to be a valuable time-saving device. It provided information, even without an interview, enabling the social worker to summarize the patient's social situation and make the summary available to the ward physician, to the social worker on a ward to which the patient might subsequently be transferred, and to the admissions board team, the pre-discharge board, and other disciplines when necessary. Immediate and potential problems were identified by the social worker, enabling her and other members of the team to give help at the proper time.

Without an individual interview, a social evaluation could be dictated for the clinical records of patients who had no problems.

This study suggests a way of coping with the old problem of providing 100 percent coverage, a goal that keeps mounting beyond the capacity of the social service staff. It offers a way of screening and selection geared to helping first the patient in most urgent need.

Study Use of Detergents in Sewage Treatment

To determine whether the cleansing action of the detergent foam that collects at many sewage treatment plants can be incorporated into the treatment process, the Public Health Service, in cooperation with the city of Cleveland, is conducting a field study at that city's Easterly Water Pollution Control Plant.

The present technique of breaking down the detergent foam by water sprays is expensive and leaves the detergent impurity in the plant effluent. Public Health Service laboratory studies have shown that induced foaming removes not only synthetic detergents but also substantial amounts of organic wastes. Waste treatment could be much improved if the detergent foam could be used to separate other organic contaminants while the foam is being removed.